

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 800412 (9)  
1. Corporation Name  
MALLINCKRODT INC.

Principal Place of Business  
7733 FORSYTH BLVD  
ST. LOUIS MO 63105-1820  
US

Mailing Address  
7733 FORSYTH BLVD.  
ST. LOUIS MO 63105-1820  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/24/1912

4. FEI Number  
36-1263901

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 675 McDonnell Blvd  
Suite, Apt. #, etc.  
22  
City & State  
23 Hazelwood, MO  
Zip  
24 63042  
Country  
25

2a. Mailing Address  
26 675 McDonnell Blvd  
Suite, Apt. #, etc.  
27  
City & State  
28 Hazelwood, MO  
Zip  
29 63042  
Country  
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	HOLMAN, CARL R.	3 LORENZO LANE	ST. LOUIS MO	<input type="checkbox"/>
VP	LA, ASHOK	1249 KING GLEN COURT	ST LOUIS MO	<input type="checkbox"/>
VPC	STONE, WILLIAM B.	11120 GEYER DOWNS LANE	FRONTENAC MO	<input type="checkbox"/>
VPS	KELLER, ROGER A.	2117 HILLSGATE COURT	ST. LOUIS MO	<input type="checkbox"/>
VP	FRANK A. VOLTOLINA	10655 ANNA'S WAY	CHESTERFIELD MO	<input type="checkbox"/>
T	DOUGLAS A. MCKINNEY	2011 KEHNSDALE COURT	CHESTERFIELD MO	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Frank A. Voltolina

Frank A. Voltolina

201-171-2000

CR2E034 (10/97)